

# MANDATORY RECONSIDERATION LETTER

To: \_\_\_\_\_

Department for Work and Pensions

Address: \_\_\_\_\_

From: \_\_\_\_\_

Full Name: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Subject: Mandatory Reconsideration Request

I am writing to request a Mandatory Reconsideration of the decision made regarding my benefit claim. Please find below the details necessary for reconsideration in accordance with UK law and best practice.

### Decision Details

Decision Reference Number: \_\_\_\_\_

Date of Decision: \_\_\_\_\_

### Grounds for Request

I believe the decision was incorrect because:

\_\_\_\_\_  
(Please explain why you think the decision is wrong, include any new evidence or information.)

### New Evidence and Information

Please consider the following new evidence and information that supports my request for reconsideration:

\_\_\_\_\_  
(List any new evidence or information here, or write 'None' if there is no new evidence.)

### Declaration

I declare that the information I have provided is true and complete to the best of my knowledge and belief. I understand that it is an offence to knowingly provide false information. I consent to the processing of my personal data in accordance with applicable UK data protection laws.

**SIGNATURE**

**DATE**

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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